DEPARTMENT OF HEALTH AND FAMILY SERVICES

STATE OF WISCONSIN HFS 107.23, Wis. Admin. Code

Division of Health Care Financing HCF 1050 (Rev. 07/03)

SPECIALIZED MEDICAL VEHICLE Name — Specialized Medical Vehicle Company	TRANSPORTA		ATION TRIP T Wisconsin Medic Number (eight dig	aid Provid		Vehicle Identification			Date of Trip (MM/DD/YY)
SIGNATURE — Driver	Name -	– Driver			,			Date \$	Signed
Name — Recipient		Recipient Medicaid Identification Number (10 di		Wheelc	hair?		Cot o	Cot or Stretcher?	
			, ,	Yes		No	Yes		No
Name — Second Attendant	Multiple	Riders? Yes	No	Name -	Primary	Rider	'		
Address — Dispatch Location (Street, City, State, and	Zip Code	e) Odor	neter Readings fo	or Unloade		End	Name -	– Medi	cal Facility
Type or Name of Facility or Reason for Trip	W	 /aiting Tim	Start e — Start			End /aiting Ti	⊥ me — En	d	
Address — Pick-Up Point (Street, City, State, and Zip 0	a.m. / p.m.			o.m.	a.m. / p.m. Odometer Reading — Trip Start Trip Start Time				
Address — Drop-Off Point (Street, City, State, and Zip Code)					a.m. / p.m Odometer Reading — Trip End Trip End Time				
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VERIFICATION OF MEDICAID-COVERED MEDICAL OF SIGNATURE — Person Verifying Medicaid-Covered Se		e informat	ion below is optiona	al)	Date Sig	ned			a.m./p.m
Name — Person Verifying Medicaid-Covered Service					Position	Title			
Name — Specialized Medical Vehicle Company	••••	••••		/isconsin Medicaid Provider Jumber (eight digits)			dentificati	on	Date of Trip (MM/DD/YY)
SIGNATURE — Driver	Name — Driver							Date \$	_ Signed
Name — Recipient	Recipient Medicaid			Wheelchair?		Cot or Str		r Stretcl	ner?
	Identific	ation Num	ber (10 digits)	Ye	es	No		Yes	No
Name — Second Attendant	Multiple	Riders? Yes	No	Name -	— Primary	Rider			
Address — Dispatch Location (Street, City, State, and Zip Code)			eter Readings for	Unloaded	Mileage		Name -	– Medic	al Facility
	Start			End			<u></u>		
Type or Name of Facility or Reason for Trip		Waiting Time — Start			W	aiting Fir	me — End	d	
Address — Pick-Up Point (Street, City, State, and Zip (a.m. / p.m. Code)				Odomete	r Readin	g — Trip	a.m. / Start T	p.m. rip Start Time
Address — Drop-Off Point (Street, City, State, and Zip Code)					a.m. / p.m Odometer Reading — Trip End Trip End Time				
Address — Drop-Off Point (Street, City, State, and Zip	Code)				Guomoto		5 1		rip End Time
VERIFICATION OF MEDICAID-COVERED MEDICAL (CARE (Th	e informat	ion below is optiona	al)					rip End Time a.m. / p.n
Address — Drop-Off Point (Street, City, State, and Zip VERIFICATION OF MEDICAID-COVERED MEDICAL C SIGNATURE — Person Verifying Medicaid-Covered Se	CARE (Th	e informat	ion below is optiona	al)	Date Sig				